

History of Contemporary Community Paramedicine



*2012 ND Community Paramedic Stakeholders Meeting
Gary Wingrove, North Central EMS Institute*

July 31, 2012



COMMUNITY
PARAMEDIC

Addressing Population Based Health in Rural & Remote Areas: An International Tale of EMS Systems



COMMUNITYTM
PARAMEDIC



G'Day Mate!
(Hello)

History of IRCP





2004

Rural/Frontier EMS Agenda for the Future



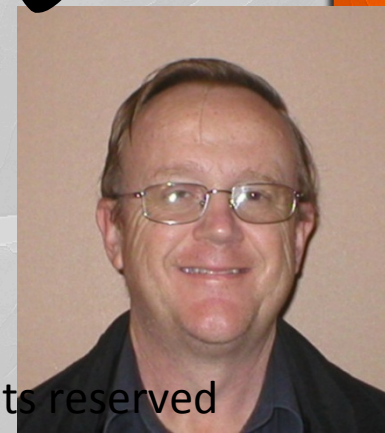
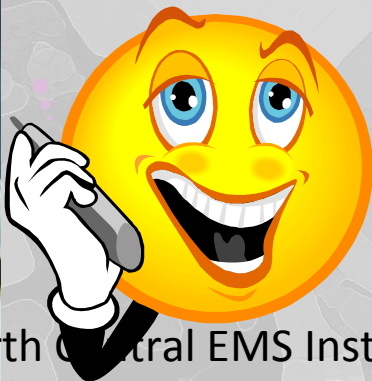
<http://www.nrharural.org/groups/sub/EMS.html>

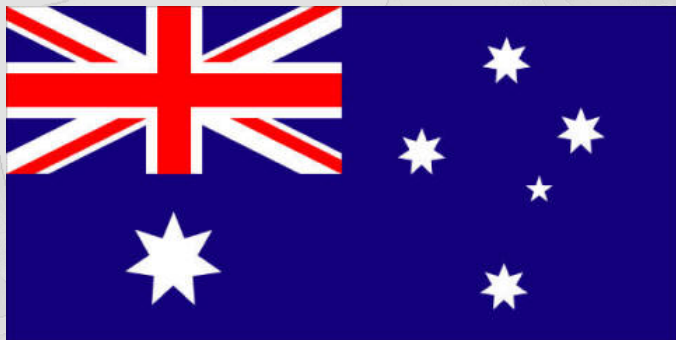


2005

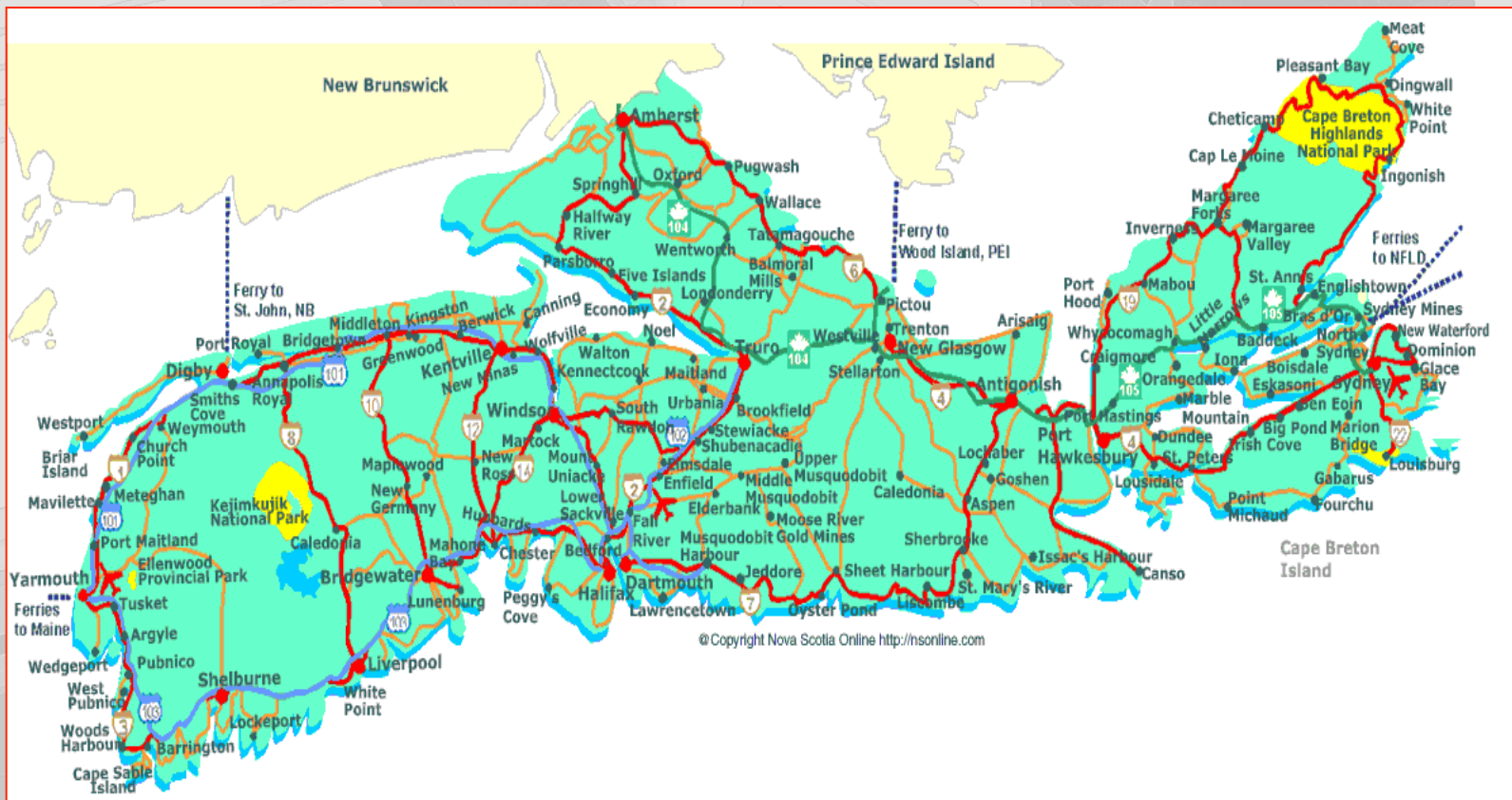








The Promise From









First Annual International Roundtable on
Community Paramedicine and
Rural Health Care Delivery

EHS
Emergency Health Services
AMBULANCE OPERATIONS
MANAGEMENT



July 2005



2nd Annual International Roundtable on Community Paramedicine and Rural Health Care Delivery



The Australasian Council of Ambulance Authorities (CAA) -
Rural and Remote Symposium in combination with the
3rd Annual International Roundtable on
**Community Paramedicine
and Rural Health Care
Delivery**



**Rural and Remote Symposium
And
3rd International Roundtable on Community
Paramedicine
And Rural Health Care Delivery**



**Fourth Annual
International Roundtable on Community Paramedicine and Rural
Healthcare Delivery
Victoria, British Columbia CAN
May 26-27, 2008**

Laurel Point Inn

680 Montreal Street, Victoria, BC, Canada V8V 1Z8 • 250-386-8721
Toll-Free: 1-800-663-7667 • Fax: 250-386-9547
www.laurelpoint.com





COMMUNITY
PARAMEDIC



Fifth Annual International Roundtable on Community Paramedicine and Rural Healthcare Delivery

**October 12-17, 2009
Auckland, New Zealand**

- October 12-13** IRCP and Rural and Remote Symposium
- October 14-15** Australian Council of Ambulance Authorities Annual Convention meeting
- October 15** Australian College of Ambulance Professionals Conference registration (evening)
- October 16-17** ACAP Conference

Save The Date!



COMMUNITY
PARAMEDIC



Sixth International Roundtable on Community Paramedicine

August 9-13, 2010

Manor Vail Resort

Vail, Colorado

August 9-11 IRCP

August 11-13 Rural EMS Summit





COMMUNITY
PARAMEDIC



**Ambulance Service
of New South Wales**



**North Central
EMS Institute**

Seventh International Roundtable on Community Paramedicine

October 9 – 11, 2011

New South Wales, Australia

ACAP October 6-8 • IRCP October 9-11 • CAA Open Conference October 12



COMMUNITY
PARAMEDIC



**North Central
EMS Institute**

Eighth International Roundtable on Community Paramedicine

June 15 – 17, 2012

Vancouver, British Columbia, Canada

EMSCC June 13 - 15 • IRCP June 15-17



June 13th-15th

Vancouver, British Columbia

2012 Annual Conference

Integrating Excellence Through Response to Community Paramedicine

IRCP 2013

- Coventry, England, United Kingdom
 - Third week of May



Who Are We?



- IRCP is not incorporated
- IRCP has no employees
- IRCP has no office
- IRCP has no telephone
- IRCP has no defined leadership
- IRCP has exactly one agenda

- In short
- IRCP is successful

Filling an Unmet Need with Untapped Resources



Filling an Unmet Need with Untapped Resources



Expanded Services

- Primary care
- Emergency care
- Public health
- Disease management
- Prevention
- Wellness
- Mental health
- Dental care



Keys to Community Paramedic Program



Working Definition

A community paramedic is a state licensed EMS professional that has completed a formal internationally standardized educational program through an accredited college or university and has demonstrated competence in the provision of health education, monitoring and services beyond the roles of traditional emergency care and transport and in conjunction with medical direction. The specific roles and services are determined by community health needs and in collaboration with public health and medical direction.

Overcoming Obstacles to Community Paramedicine



Then



Now



Then



Now



Then

Ems

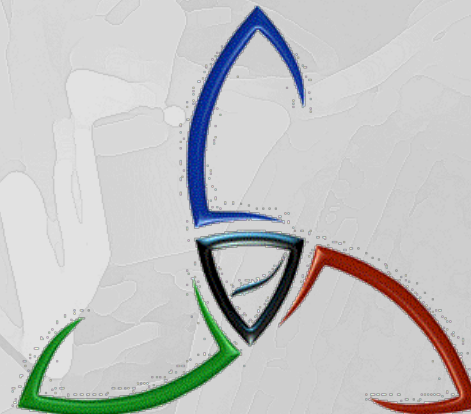
Now

eMs





- Myth #1
 - EMTs and AEMTs can't be Community Paramedics



INTERNATIONAL
PARAMEDIC

Cooperation. Coordination. Communication.
Collaboration

National	International
EMT	Primary Care Paramedic
Advanced EMT	Intermediate Care Paramedic
Paramedic	Advanced Care Paramedic
(None)	Critical Care Paramedic
(None)	Community Paramedic
Ambulance Service	Paramedic Service



- Myth #2
 - Community paramedicine is a new phenomenon



- Myth #3

- There is a movement to push everyone into only ONE model of community paramedicine

The Models

- Primary Healthcare
- Substitution
- Community Coordination

Blacker, N., Pearson, L., & Walker, T. (2009). Redesigning paramedic models of care to meet rural and remote community needs. *The 10th National Rural Health Conference*, Cairns, Australia, May 17-20, 2009. (Accessed via http://10thnrhc.ruralhealth.org.au/papers/docs/Blacker_Natalie_D4.pdf on November 30, 2011).

Province of Nova Scotia

- ❖ Primary Healthcare:
Long and Brier Islands
(NP/CP)
- ❖ Substitution:
Collaborative
Emergency Centres
(RN/CP)
- ❖ Community
Coordination: Nursing
Home Care (CP)



Province of Nova Scotia: Results

- Primary Care:
 - Reduction of doctor visits by 28% and reduction in trips to the emergency department by 40%
- Substitution: Pending (Expanded to 5)
- Community Coordination: Early – 68% (Expanded to 17)
- System: \$2,380 to \$1,375 (-42%)

City of Toronto

- Community Collaboration:
Community Referrals by EMS, 2006
(CREMS)
- Results: 73.8% reduction in 911 calls
from target population (February
2010)

City of Winnipeg

- CP in detox facility
- 52% ambulance reduction
- \$250,000 annual savings (est.)

City of Saskatoon

Primary Care Model: Health Bus (NP/CP)

Monday	19th Street/Avenue C
Tuesday	Safeway Parking Lot (Avenue D & 33rd St)
Wednesday	(20th Street/Ave M)
Thursday	Shell Service Station (22nd Street/Ave P)
Friday	Giant Tiger (22nd Street/Ave F)
Saturday	Appleby Drive
Sunday	Affinity Credit Union (20th Street/Ave P)

City of Saskatoon

- Collaboration: M.D. Ambulance, Central Urban Metis Foundation, First Nations, Saskatoon Health Region, Provincial Ministry of Health
- Results: According to the province, during 2009-2010, approximately 5,936 visits to the Health Bus were recorded, where 43% were repeat clients.

Province of Alberta

- Rainbow Lake: NP/CP or CP alone operate clinic
- Calgary/Edmonton: CREMS
- Medicine Hat: Night and weekend home health


Wake County, NC


- Both ends of the Spectrum
- “Advanced Practice Paramedic”
 - Alternative Destination –
 - 204 patients in 12 months
 - Mental health: 14 bed hours, cardiac 3 bed hours
 - Opened beds for 816 more cardiacs, saved \$350,000
 - Falls in Assisted Living
 - 1 to 5 per day – 1,500 per year
 - 81% do not require hospitalization
 - \$2.5 million in system expense



Fort Worth, Texas


- Frequent Fliers
- “Community Health Program”
- Tarrant County: July 2009 to August 2011, decreased volume by 58.2%, savings \$3.7 million (patient charges and EMS costs). Reduced emergency bed occupancy by 14,334 hours (\$9.8 million). Overall, \$13.5 million reduction in costs and charges over 2 years.



http://innovations.ahrq.gov

 U.S. Department of Health & Human Services www.hhs.gov

 **Agency for Healthcare Research and Quality**
Advancing Excellence in Health Care www.ahrq.gov

Visit: [National Guideline Clearinghouse](#) | [National Quality Measures Clearinghouse](#) | [AHRQ Home](#)  [Sign Up for E-mail Updates](#) 

 **AHRQ HEALTH CARE INNOVATIONS EXCHANGE**
Innovations and Tools to Improve Quality and Reduce Disparities [What's New](#) | [About](#) | [FAQ](#) | [Help](#) | [Submit Innovation](#) | [Contact Us](#)
 [Search](#)



[Home](#) | [Innovations & QualityTools](#) | [Browse by Subject](#) | [Events & Podcasts](#) | [Videos](#) | [Learn & Network](#) | [Articles & Guides](#) | [Stay Connected](#) | [Funding Opportunities](#)   [Share](#)

[< Back](#)

Service Delivery Innovation Profile

Trained Paramedics Provide Ongoing Support to Frequent 911 Callers, Reducing Use of Ambulance and Emergency Department Services

[Innovation](#) | [Comments \(1\)](#)

 [Print](#)  [E-mail Link](#)

[Jump to: What They Did](#) | [Did It Work?](#) | [How They Did It](#) | [Adoption Considerations](#)

Snapshot

Summary

The Area Metropolitan Ambulance Authority (more commonly known as MedStar), an emergency medical service provider serving the Fort Worth, Texas area, uses advance practice paramedics to provide in-home and telephone-based support to patients who frequently call 911. Working as part of MedStar's *Community Health Program*, these paramedics conduct an in-depth medical assessment, develop a customized care plan based on that assessment, and periodically visit and/or telephone the patient and family to support them in following the plan. Support generally continues until they can manage on their own. A separate, similar program serves individuals with congestive heart failure, and the same concept is being tested with hospice patients and may later be expanded to serve those with other chronic conditions. The program significantly reduced 911 calls, leading to declines in emergency medical service and emergency department charges and costs, and to freed-up capacity in area emergency departments.

Evidence Rating [\(What is this?\)](#)

Moderate: The evidence consists of pre- and post-implementation comparisons of 911 calls from program participants, along with estimates of the cost savings generated and ED capacity freed up as a result of the reduction in calls.

Scott County, MN

- County Public Health
- Mdewanketon Sioux



Western Eagle County, CO

- Diagnosis (Patients may have more than one diagnosis):
 - 68% cardiac, 36% diabetes, 32% respiratory issues, 23% neurological issues, 18% psychiatric issues
- Co-Morbidities and Risk Factors:
 - All patients were considered medically vulnerable due to co-morbidities and risk factors:
 - 60% of patients had more than one health issue (e.g., diabetes, hypertension, asthma)
 - 60% of patients were over age 65 and had underlying health conditions
 - 14% of patients were recently discharged from the hospital, and had an unrelated, underlying medical condition or risk factor (such as hypertension or being elderly)

Western Eagle County, CO

- Services Ordered:

- In 65% of visits, medication compliance and reconciliation was ordered
- In 46% of visits, a blood pressure check was ordered
- In 29% of visits, a blood glucose test was ordered
- In 22% of visits, an oxygen saturation test was ordered
- In 9% of visits, a home safety inspection was ordered
- In 6% of visits, a social and/or adult protection evaluation/assessment of alcohol usage ordered

Western Eagle County, CO

- Higher Level of Service Utilization Prevented:

- Prevented an average 2.5 doctor visits per patient, an ambulance transport in 36% of patients, an emergency room visit in 36% of patients, a hospital admission/readmission in 5% of patients, and kept one client out of skilled nursing for 26 weeks

- Initial Cost Savings:

- \$1,507 average savings per visit
- \$4,451 average savings per client/patient

Resources

- IRCP: www.ircp.info
- Document repository
- Monthly conference calls (many archived)
- Annual meeting
- Toronto's CREMS and Calgary's Health Assessment Programs

Resources

- www.communityparamedic.org
 - Paramedic requests for FAQ
 - College requests for curriculum
 - Agency requests for program manual

CP Program Manual



Credit

Most of the results reported in this presentation were taken from EMSCC submitted testimony to the Permanent Health Committee of the Canadian Parliament. The document can be downloaded at www.ircp.info, click on downloads, click on policy.

A large, gnarled tree with a thick trunk and many branches dominates the center of the image. A man in a light-colored shirt and dark pants is sitting on a wooden bench in front of the tree. In the background, there is a body of water and some low-lying vegetation under a clear blue sky. The ground is dry and sandy.

G'Day Mate!